



Completed only by the Clerk of the Board's Office
 Agenda Date: 7/24/09
 CBS Sign Off: [Signature]

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

7/15/09

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print: Gregory J. Ahern, Sheriff Signature: [Signature]
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: July 10, 2009

I am requesting your approval of the following OOST request prior to the event taking place.

PLEASE TYPE / PRINT LEGIBLY Alameda County Sheriff's Office AGENCY / DEPARTMENT	Regional Training Center DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY	JOB TITLE / CLASSIFICATION or VENDOR #
1. [REDACTED]	Sergeant
2.	
3.	

* NOTE: The only eligible personal services contractors are those who are reimbursed travel/events as stated in his/her contractual agreement with the County. Must specify Vendor # above.

DETAILS OF TRAVEL	
DATES (DURATION): From: <u>07 / 28 / 2009</u> To: <u>08 / 02 / 2009</u>	
POINT OF ORIGIN (City/State): <u>Oakland, CA</u>	DESTINATION (City/State): <u>Hampton, VA</u>
PURPOSE OF TRIP: <input checked="" type="checkbox"/> CONFERENCE <input type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Commission on Accreditation for Law Enforcement Agencies Summer Conference</u>	
MAXIMUM REIMBURSEMENT REQUEST (per person): \$ 2697.00	COST PER TRANS TICKET: \$: 1000.00
TOTAL COST (Max Reimb/person x no. of travelers): \$ 2697.00	<input type="checkbox"/> COUNTY TIME-OFF ONLY

ACCOUNTING INFORMATION / FUNDING SOURCE					
BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
SHERF	610201	10000	290131	00000	\$ 2232.00
SHERF	610211	10000	290131	80310 <u>00000</u>	\$ 465.00
NON-COUNTY ENTITY FUNDING SOURCE (Please Specify): _____					

REQUESTED BY AND RETURN FORM TO:					
<u>Tina Moore Walker</u> (PRINT NAME)	<u>26008</u> (OIC)	<u>[Signature]</u> (SIGNATURE)	<u>July 10, 2009</u> (DATE)		
PHONE NUMBER: <u>510-272-6867</u>	TIE LINE: <u>X26867</u>	FAX NUMBER: <u>x29818</u>			
APPROVED BY: <u>LOREN WALKER</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>10 JULY 2009</u> (DATE)			
CAO: <u>Scarlet Keu</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>15 Jul 09</u> (DATE)			

Note: Travel agency should FAX the completed form to Auditor-Controller Agency to the attention of Travel Approver.